

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

Filer name <b>HOWARD W. PEAK</b>	Account # 
-------------------------------------	---------------

OFFICE USE ONLY	
Date Received	RECEIVED CITY OF SAN ANTONIO CITY CLERK JAN 13 PM 1:10
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the OFFICE OF THE City Clerk report due on JANUARY 17, 2012. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



NOTARY STAMP / SEAL

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Howard W. Peak this, the 13<sup>th</sup> day of January 2012, to certify which, witness my hand and seal of office.

Melinda Uriegas  
Signature of officer administering oath

Melinda Uriegas  
Print name of officer administering oath

Notary  
Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

HOWARD

W

PEAK

OFFICE USE ONLY

Date Received

12 JAN 13 PM 3:40

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

238 MEDFORD DR.

SAN ANTONIO, TEXAS 78209

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 826-5481

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CHARLIE

AMATO

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9311 SAN PEDRO, SAN ANTONIO, TEXAS 78216

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 525-1241

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

07 / 01 / 2011

THROUGH

Month Day Year

12 / 31 / 2011

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Howard W. Peak

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

12 JAN 13 PM 1:40  
RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

12 JAN 13 PM 1:40

CITY CLERK

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5061.52

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

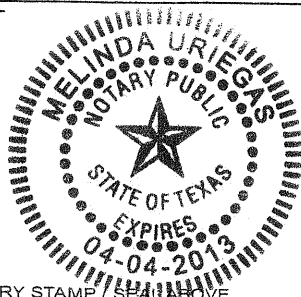
9404.17

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard W. Peak, this the 13th day of January, 2012, to certify which, witness my hand and seal of office.

Melinda Uriegas

Signature of officer administering oath

Melinda Uriegas

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

HOWARD W. PEAK

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/12/11

5 Payee name

LOVE OF KIDS AND HARLEYS

6 Payee address; City; State; Zip Code

2907B 1-10 WEST, BOERNE TX 78006

7 Purpose of expenditure (See instructions regarding type of information required.)

CONTRIBUTION

8 Amount (\$)

\$125.00

☒ Reimbursement from political contributions intended

Date

9/17/11

Payee name

UNITED WAY

Payee address; City; State; Zip Code

700 S. ALAMO, SAN ANTONIO, TX. 78205

Purpose of expenditure (See instructions regarding type of information required.)

CONTRIBUTION

Amount (\$)

\$127.976

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

12 JAN 13 PM 1:59

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

HOWARD W. PEAK

3 ACCOUNT # (Ethics Commission file #)

4 Date

10/25/11

5 Payee name

HOWARD W. PEAK

8 Amount (\$)

6 Payee address; City; State; Zip Code

238 MEDFORD DR. SAN ANTONIO TX 78209

\$ 2530.76

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement - See schedule G

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED